## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

5 6832(c)

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                                  |                                    |                        |                                  |     | SMALL ENTITY TYPE  |                        |     | OTHER THAN OR SMALL ENTITY |                        |
|--|---|---|----------------------------------|------------------------------------|------------------------|----------------------------------|-----|--------------------|------------------------|-----|----------------------------|------------------------|
| TOTAL CLAIMS                                   |   |   | 6                                |                                    |                        |                                  |     | RATE               | FEE                    | 7   | RATE                       | FEE                    |
| FC   | DR .  |   | NUMBER FILED                     |                                    | NUMBER EXTRA           |                                  |     | BASIC FE           | 385.00                 | OR  | BASIC FEE                  | 770.00                 |
| TC   | TAL CHARGE  | ABLE CLAIMS   | 6 minus 20=                      |                                    | *                      |                                  | ·   | X\$ 9=             |                        | OR  | X\$18=                     |                        |
| IN   | DEPENDENT C   | LAIMS   | 3 minus 3 =                      |                                    | * -                    |                                  |     | X43=               |                        | OR  | X86=                       |                        |
| MU   | JLTIPLE DEPE  | NDENT CLAIM P   | RESENT                           |                                    |                        |                                  |     | +145=              |                        | OR  | +290=                      |                        |
| * 15   | the difference  | in column 1 is  | less than zero, enter "0" in     |                                    |                        | column 2                         | •   | TOTAL              |                        | OR  | TOTAL                      | 770                    |
|  | C   | OTHER THAN  |                                  |                                    |                        |                                  |     |                    |                        |     |                            |                        |
| (Column 1)                                     |   |   | <del></del>                      | (Colun                             |                        | (Column 3)                       | 1 - | SMALL              |                        | OR  | SMALL                      |                        |
| AMENDMENT A                                    |   | REMAINING<br>AFTER<br>AMENDMENT                                 |                                  | NUME<br>PREVIO<br>PAID F           | BER<br>OUSLY           | PRESENT<br>EXTRA                 |     | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                            | **                                 |                        | = .                              |     | X\$ 9=             |                        | OR  | X\$18=                     |                        |
|  | Independent   | *   | Minus                            | ***                                |                        | =                                |     | X43=               |                        | OR  | X86=                       |                        |
| <u> </u>                                       | FIRST PRESE   | NTATION OF MI   | JLTIPLE DE                       | PENDENI                            | CLAIM                  |                                  |     | +145=              |                        | OR  | +290=                      |                        |
|  |   |   | •                                |                                    | •                      |                                  | L   | TOTAL              |                        | 4 ' | TOTAL                      |                        |
|  |   |   |                                  |                                    |                        |                                  |     |                    | <u> </u>               | OR  | ADDIT. FEE                 | ·                      |
|  | ·   | (Column 1)  | T                                | (Colum                             |                        | (Column 3)                       | 1 - |                    | <del></del>            |     |                            |                        |
| AMENDMENT B                                    |   | REMAINING<br>AFTER<br>AMENDMENT                                 |                                  | NUMB<br>PREVIO<br>PAID F           | JER<br>USLY            | PRESENT<br>EXTRA                 |     | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                            | **                                 |                        | =                                |     | X\$ 9=             |                        | OR  | X\$18=                     |                        |
| AME  | Independent   | * -   | Minus                            | ***                                |                        | = .                              |     | X43=               | ,                      | OR  | X86=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                  |                                    |                        |                                  |     | +145=              |                        | OR  | +290=                      |                        |
|  |   |   |                                  |                                    |                        |                                  | L   | TOTAL<br>DDIT, FEE |                        |     | TOTAL<br>ODIT. FEE         |                        |
| (Column 1) (Column 2) (Column 3)               |   |   |                                  |                                    |                        |                                  |     | DDII. FEE I        |                        |     | <b>.</b>                   |                        |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                                  | HIGHE<br>NUMB<br>PREVIOI<br>PAID F | ER .                   | PRESENT<br>EXTRA                 |     | RATE               | ADDI-<br>TIONAL<br>FEE |     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                            | ##                                 |                        | =                                |     | X\$ 9=             |                        | OR  | X\$18=                     |                        |
|  | Independent   | •   | Minus                            | ***                                |                        | =                                |     | X43=               |                        | OR  | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                  |                                    |                        |                                  |     | +145=              |                        |     | +290=                      |                        |
| • 11   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                                  |                                    |                        |                                  |     |                    |                        | OR  | TOTAL                      |                        |
|  | f the "Highest Nur<br>f the "Highest Nur  | nber Previously Pa<br>nber Previously Pa<br>ber Previously Paid | id For IN THIS<br>id For IN THIS | S SPACE is 1<br>S SPACE is         | less than<br>less than | 20, enter "20."<br>3, enter "3." | AL  | TOTAL DOIT. FEE    | ropriate box           |     | DOIT. FEE                  |                        |